

Elizabeth Burns

CERTIFICATE OF DEATH

Died at <u>New Galena</u>		County <u>Kent</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>15</u>	Years <u>63</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Julia Burns Co.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>New</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Julia Burns</u>				
Father's Name	<u>William</u>		Father's Birthplace <u>Do not know</u>		
Mother's Maiden Name	<u>Do not know</u>		Mother's Birthplace <u>Do not know</u>		
Name of person giving information	<u>Samuel Merchant</u>		How related to deceased <u>Son-in-law</u>		

CAUSES OF DEATH

81

How long

for years

How long

Primary

Arterial Sclerosis

Immediate

Inuryion

Are the name, age, sex, color, date and place correctly given above?

Believed to be

Signature of Physician

Edward A. Scott
Galena, Md.

Address

Accident or Suicide?

No



Name
In
Full

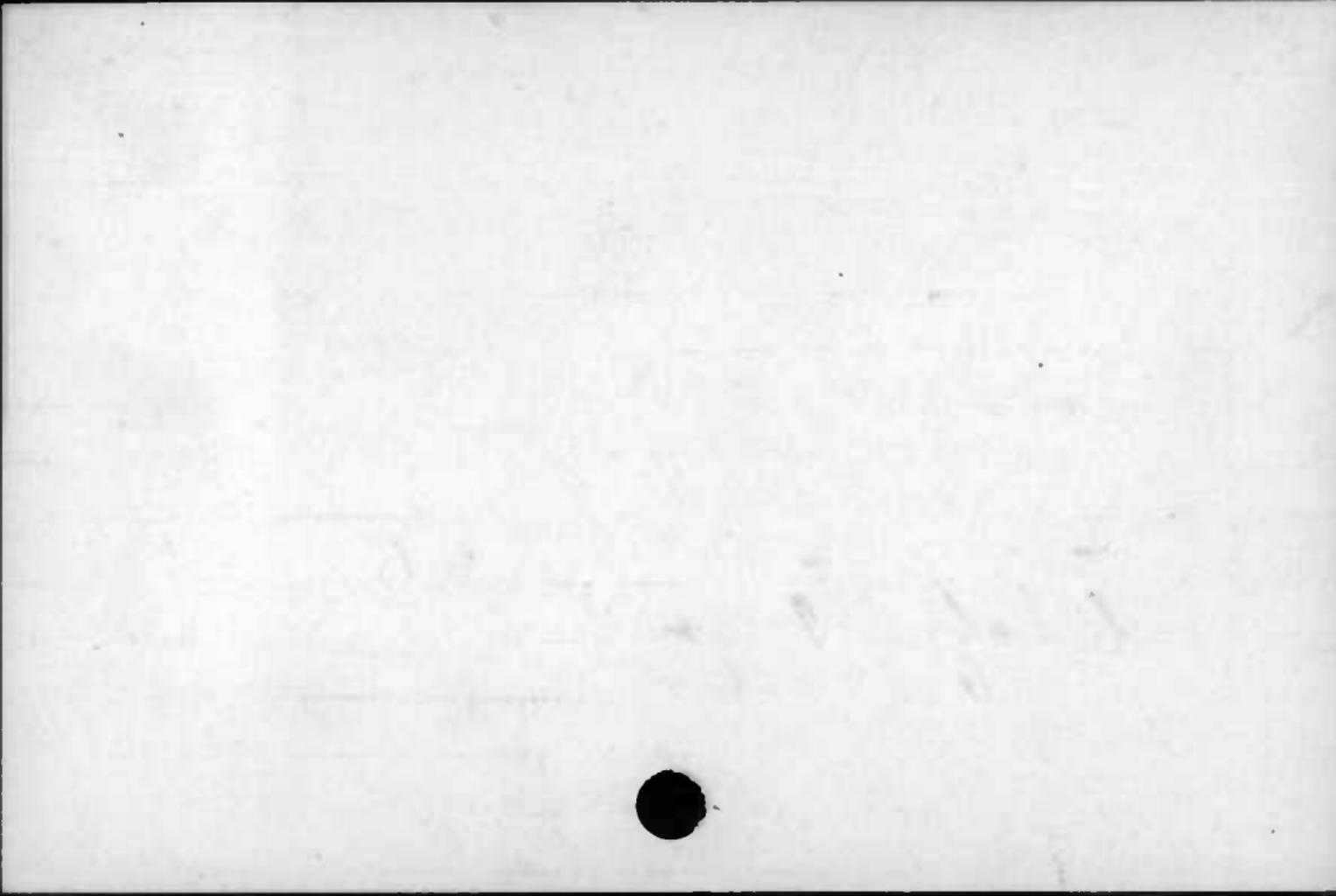
Hollen Butler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Steele Pond</u>		Town <u>Hunt</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>11</u>	Age <u>1</u>	Years	Months <u>—</u> Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Black</u>	Birthplace <u>ned</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>ned</u>			
Father's Name <u>Medford Butler</u>	Mother's Birthplace <u>ned</u>				
Mother's Maiden Name <u>Carroll Jones</u>	How related to deceased <u>father</u>				
Name of person giving information <u>Medford Butler</u>					
CAUSES OF DEATH					
Primary <u>Cholera infantum</u>	105				
Immediate <u>Exhaustion</u>	How long <u>1 week</u>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Jas. W. Uriel, M.D.</u>			
		Address <u>Kennedyville</u>			
Accident or Suicide? <u>—</u>					

PHYSICIAN
OR CORONER



Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	July	18	1	8		
Sex	Female	Color or Race	Color	Birth-place	Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed						
Father's Name	Robert Nease			Father's Birthplace	North Laurel	
Mother's Maiden Name	Allie Cooper			Mother's Birthplace	Mad	
Name of person giving information	Matthew Coopers			How related to deceased	Mother	

CAUSES OF DEATH

93

Primary

Pneumonia

Immediate

Apnoea

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R. J. Simper
Chesapeake
Md

Accident or Suicide?

No

J. E. K. Fairlee.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Cliffs.

Town

County

Rens.

MARYLAND

Date
of death

1908.

Month

July

Day

24

Years

—

Months

—

Days

28

Sex

Female

Color or
Race

White

Birth-
place

Cliffs. Md

Occupation

none.

Where Residing if not
at place of death

—

Married, Single
or Widowed

single.

Name of Wife or
Husband

none.

Father's
Name

John Sp. Dickerson.

Father's
Birthplace

Rens Co Md

Mother's
Maiden Name

Carrie L. Schaefer

Mother's
Birthplace

Bethel Md.

Name of person giving
Information

John Dickerson

How related
to deceased

Father

CAUSES OF DEATH

105°

Primary

Inflammation Stomach & Bowels

How long

4 Weeks

Immediate

Exhaustion.

How long

1 year

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

L. W. Wetzel and Mad
6 Chestnut St

Accident or Suicide?

J. E. H. Bond esq.

Name
in
Full

Clara Diggs

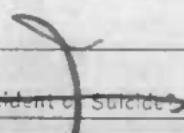
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	Where Residing if not at place of death	Days	2	7
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles Diggs	Father's Birthplace	Kent Co., Md.		
Mother's Maiden Name	Debby Ward	Mother's Birthplace	Kent Co., Md.		
Name of person giving information	Gertude Ward	How related to deceased	Grandmother		

CAUSES OF DEATH

105

Primary	Cholera Infantum -	How long	9 days	
Immediate	Convulsions -	How long	one day -	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Henry L. Dood -	
Yes		Address	Chestertown, Md -	
Accident or Suicide 				

J. E. F. Janes M. D.

Name
In
Full

George Everett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Synder</u>		Town	County <u>Hent</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>13</u>	Age <u>13</u>	Years	Months <u>3</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>John Everett</u>					
Mother's Maiden Name	<u>Elvora Marsey</u>					
Name of person giving information	<u>J. Everett</u>					

CAUSES OF DEATH

179

Primary

Paroxysmic
Exhalation

How long

one month

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. Louis Everett
Glennville
Md

Accident or Suicide?

Tonitai Church

Nora May Elburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Chestertown</u>		County <u>Kent</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>19</u>	Age <u>32</u>	Years	Months Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>			
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		Father's Birthplace <u>Md</u>		
Father's Name <u>Wm S Elburn</u>			Mother's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Mary E. Mc Ford</u>			How related to deceased <u>Brother</u>		
Name of person giving information <u>R. F. Elburn</u>					

CAUSES OF DEATH

167

How long

Primary Burns

How long

Immediate Congestion of kidneys

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

D. G. Simpson

Address

Chestertown

Accident or Suicide?

Accident

J. E. H. Chester esq.

Name
in
Full

Edward Force

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	July	12	38	2	4		
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Farmer		Where Residing if not at place of death	At Place of Death			
Married, Single or Widowed	Married	Name of Wife or Husband	Anna V Lewis	Father's Birthplace	Maryland		
Father's Name	Thomas Force			Mother's Birthplace	Maryland		
Mother's Maiden Name	Hester Moore			How related to deceased	Mother		
Name of person giving information	Thomas Force						

CAUSES OF DEATH

177

How long

13-months

How long

One day

PHYSICIAN
OR CORONER

Primary

dropsy
Exsanguination

Immediate

Are the name, age, sex, color, date and place correctly given above?

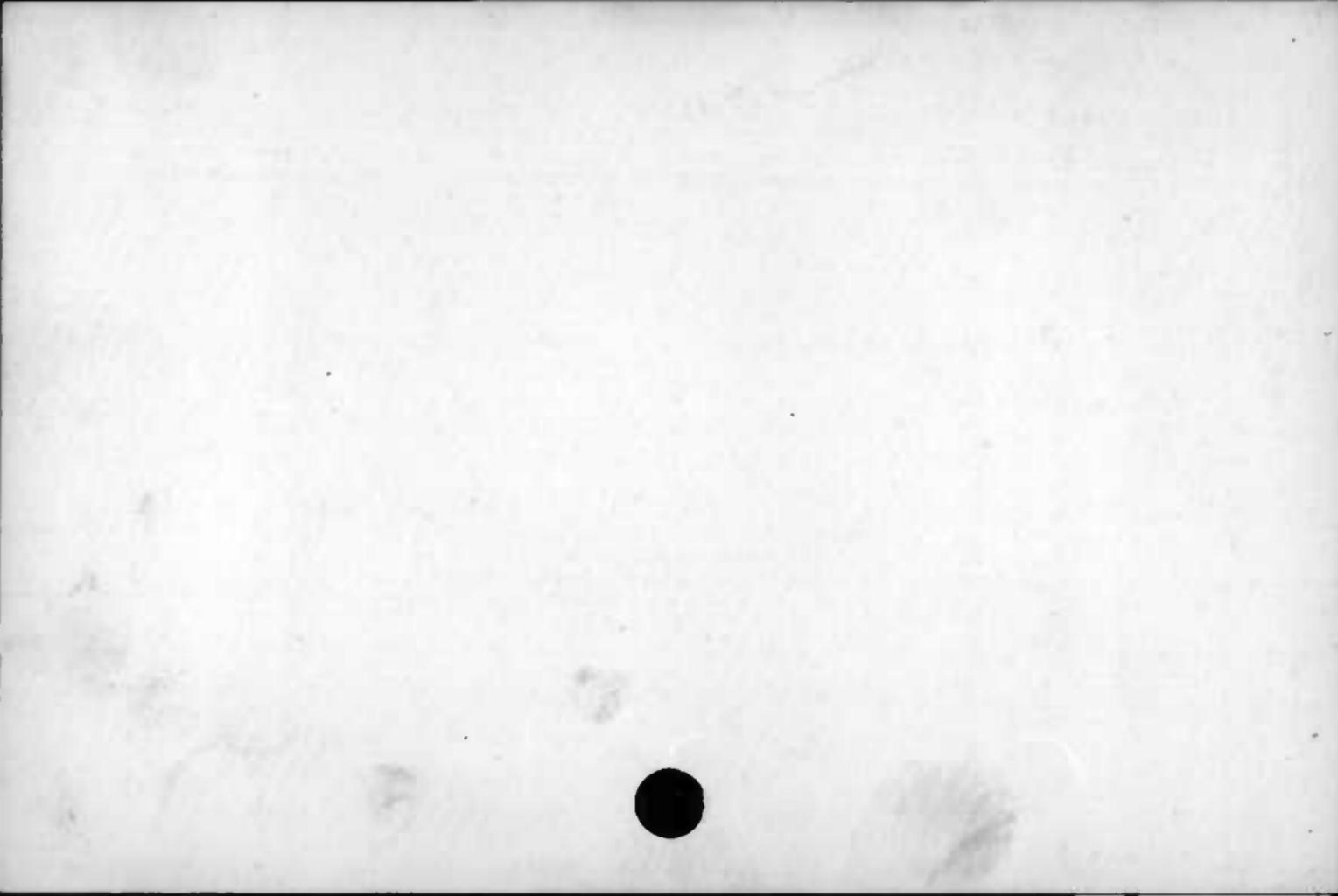
Signature of Physician

Address

g

Mosely M.
Rippey M.B.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Died at *Chesler*

Count

MARYLAND

Died at Castroville

County
Kent

Date of death 1908 **Month** July **Day** 19 **Age** **Years** **Months** **Days** 7

Sex male / Color or Race neg - Birth-place Chesterfield Mo

Occupation Where Residing if not

Occupation Where Residing if not at place of death

Occupation Where Residing if not at place of death

Married, Single _____ | Name of Wife or _____

or Widowed Husband

Father's Name: James L. Daugherty Father's Birthplace: W. Va.

Name Mathew Grade 8 Month July Day 18 Year 1998 Birthplace Mathura Mother's Name Shanti

Mother's Maiden Name Julia Brewster Mother's Birthplace Madison

Name of person giving P 2-11 16 How related Da 1

In formation, deceased, to deceased, to deceased, father

CAUSES OF DEATH

72

Primary

Primary Biblical Inspiration occurring in Prophets

14000

Immédiat

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Signature of Physician Harry L. Dodes

Archaeological

Old Cemetery
Chestertown

Ed Dodd.

Name
in
Full

Cleftone Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1908		Month July	Days 18	Years	Months	Days	
Sex	Male	Color or Race	White		Birth-place	Milington Md	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Baby	Name of Wife or Husband					
Father's Name	Thomas Harris					Father's Birthplace	Md
Mother's Maiden Name	Byndie Wood					Mother's Birthplace	Md
Name of person giving Information	Thomas Harris					How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Cholera Infestation

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

B P Gouraud MD

Milington Md

Accident or Suicide?



Name
in
Full

Yusella Hogan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	1904	Month July	Day 12	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Kent Co. Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Herbert E Hogan			Father's Birthplace	Maryland	
Mother's Maiden Name	Sarah Eda Stevens			Mother's Birthplace	Maryland	
Name of person giving Information	Herbert E Hogan			How related to deceased	Father	

CAUSES OF DEATH

105

Primary

Summ. Catarrh (Gastr.-intestineal
catarrh) 6 days

Immediate

Exhaustion

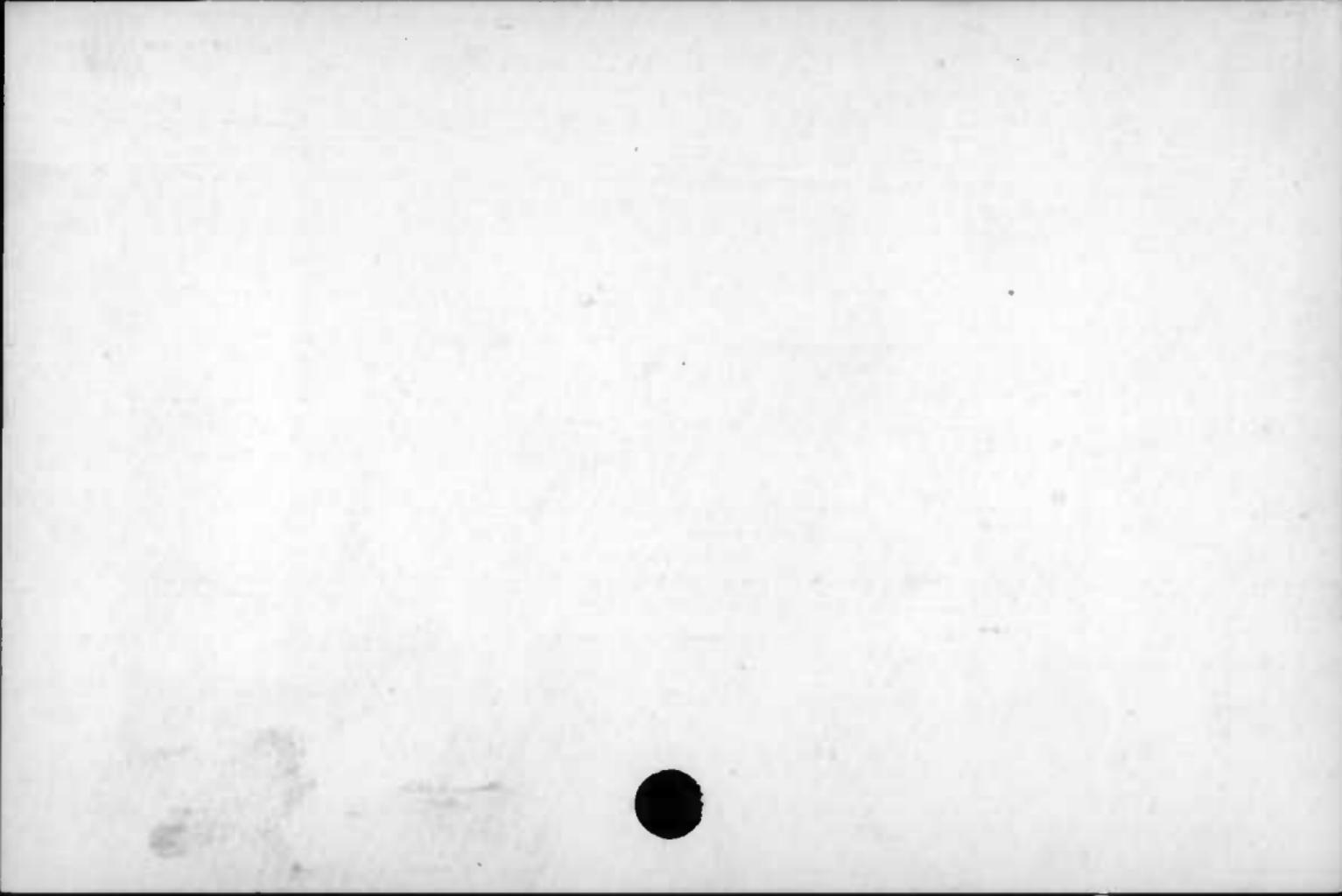
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

No fully my
Responsible for



William Samuel Joiner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rock Hall</u>		Town <u>Rock Hall</u> County <u>Kent</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>July</u>	Day <u>1</u>	Years <u>11</u>	Months <u>8</u>	Days <u></u>	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Kent Co. Md.</u>			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>John S. Joiner</u>		Father's Birthplace <u>Kent Co. Md.</u>			
Mother's Maiden Name	<u>Hattie S. Davis</u>		Mother's Birthplace <u>Kent Co. Md.</u>			
Name of person giving information	<u>John S. Joiner</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary

Accidental Drowning

How long

Immediate

How long

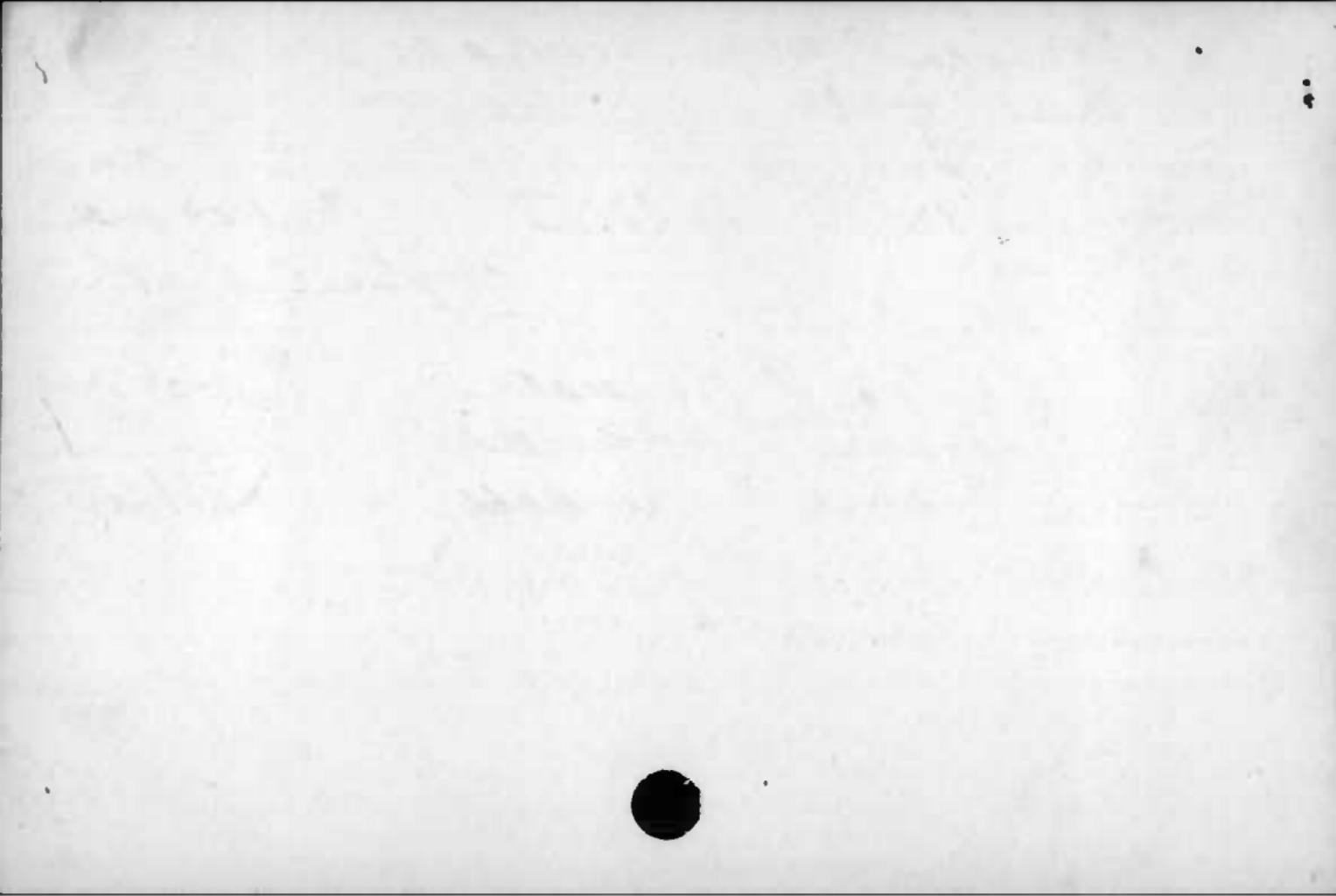
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank C. Williams J.P. Acting
Coroner
Rock Hall

Accident or Suicide



Name
in
Full

Florance May Kendall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Rock Hall		Kent					
Date of death	1909	Month July	Day 15-	Age	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place		Kent Co. Md.	
Occupation			Where Residing if not at place of death	at place of death			

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Charles O Kendall

Father's Birthplace

Kent Co. Md.

Mother's Maiden Name

Florance V Staelin

Mother's Birthplace

Maryland

Name of person giving information

Charles O Kendall

How related to deceased

Farther

CAUSES OF DEATH

105

Primary

Summ Cataracts

6 days

Immediate

Exhaustion

cataracts

One day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

Walter Drey, M.D.
Rock Hall, Md.

Accident or Suicide?



Name
in
Full

Indiana and Matilda Susby

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chestertown</u>		County <u>Kent</u>		MARYLAND			
Date of death <u>1908</u>	Month <u>July</u>	Day <u>5</u>	Years <u>64</u>	Age <u>64</u>	Months <u>4</u>	Days <u>23</u>	
Sex <u>Femail</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co</u>					
Occupation <u>Invalid 5 yrs.</u>	Where Residing if not at place of death <u>Near Chestertown</u>						
Married, Single or Widowed <u>Widowed</u>	Name of <u>Wife or Husband</u> <u>H.R. Susby</u>						
Father's Name <u>John Carroll Sutton</u>	Father's Birthplace <u>Kent Co</u>						
Mother's Maiden Name <u>Caroline Ange Black</u>	Mother's Birthplace <u>Kent Co</u>						
Name of person giving information <u>Mrs H. S. Moffatt</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH

66

How long

5 years

How long

One 24 hours.

PHYSICIAN
OR CORONER

Primary Progressive Paralysis

Immediate Progressive Paralysis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H Bridge Simmons

Address

Chestertown
Md

Accident or Suicide?

No

J. E. H. Shrewsbury.

Name
in
Full

George Washington Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Breck Hall	Kent				
Date of death	Month	Day	Years	Months	Days
1908	July	18	—	1	21
Sex	Color or Race	White	Birth-place	Kent-Edgar	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George Washington Parks				
Mother's Maiden Name	Alverta Roler son				
Name of person giving Information	Alverta Parks				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Marasmus

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

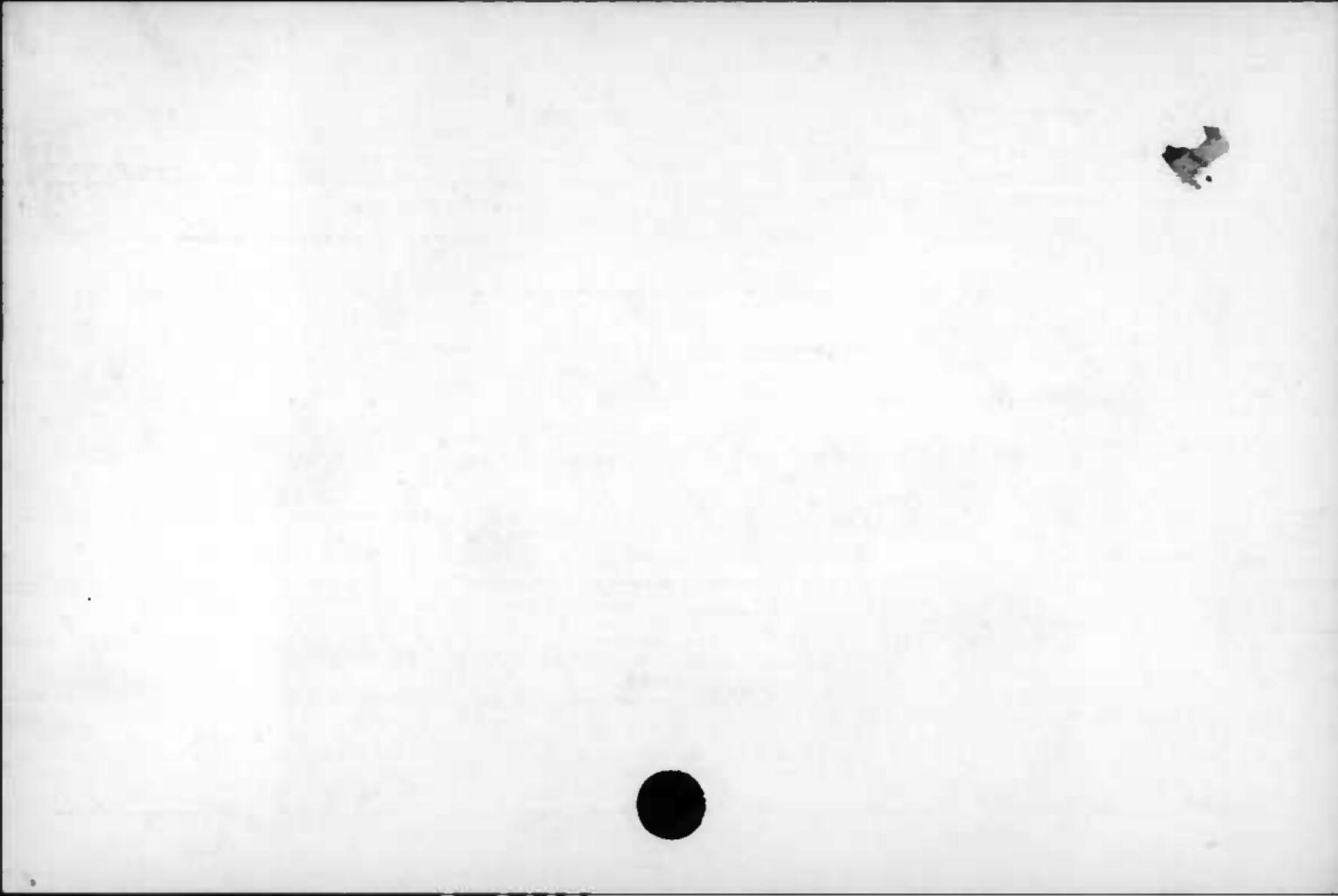
Signature of Physician

Address

W.H. Schwartz M.D.
Rock Hall Md

Accident or Suicide?

no



Name
In
Full

Charles Powell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Locust Grove	County	MARYLAND
Date of death	1908	Month	July
	29	Day	29
		Age	—
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	—
Father's Name	Amos L. Powell	Father's Birthplace	Delaware
Mother's Maiden Name	Emma J. Ford	Mother's Birthplace	Delaware
Name of person giving information	Amos L Powell	How related to deceased	father

CAUSES OF DEATH

104

How long

—

How long

30 hours.

PHYSICIAN
OR CORONER

Primary

Peritonitis.

Immediate

Insufficient nourishment.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

DR. J. MORTON KELLEY

STILL POND, MD.



Accident or Suicide?

Delaneys Del.

Augustine Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Locust Grove		County Realt	MARYLAND		
Date of death 1908	Month July	Day 19	Age 30 (about)	Years	Months 0 Days 0
Sex Male	Color or Race Col	Birth-place Md			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Robinson			Father's Birthplace Md		
Mother's Maiden Name Unknown			Mother's Birthplace Unknown		
Name of person giving Information	How related to deceased				
CAUSES OF DEATH					
176					
Primary Pistol shot through heart	How long immediately				
Immediate	How long				

Are the name, age, sex, color, date and place correctly given above?

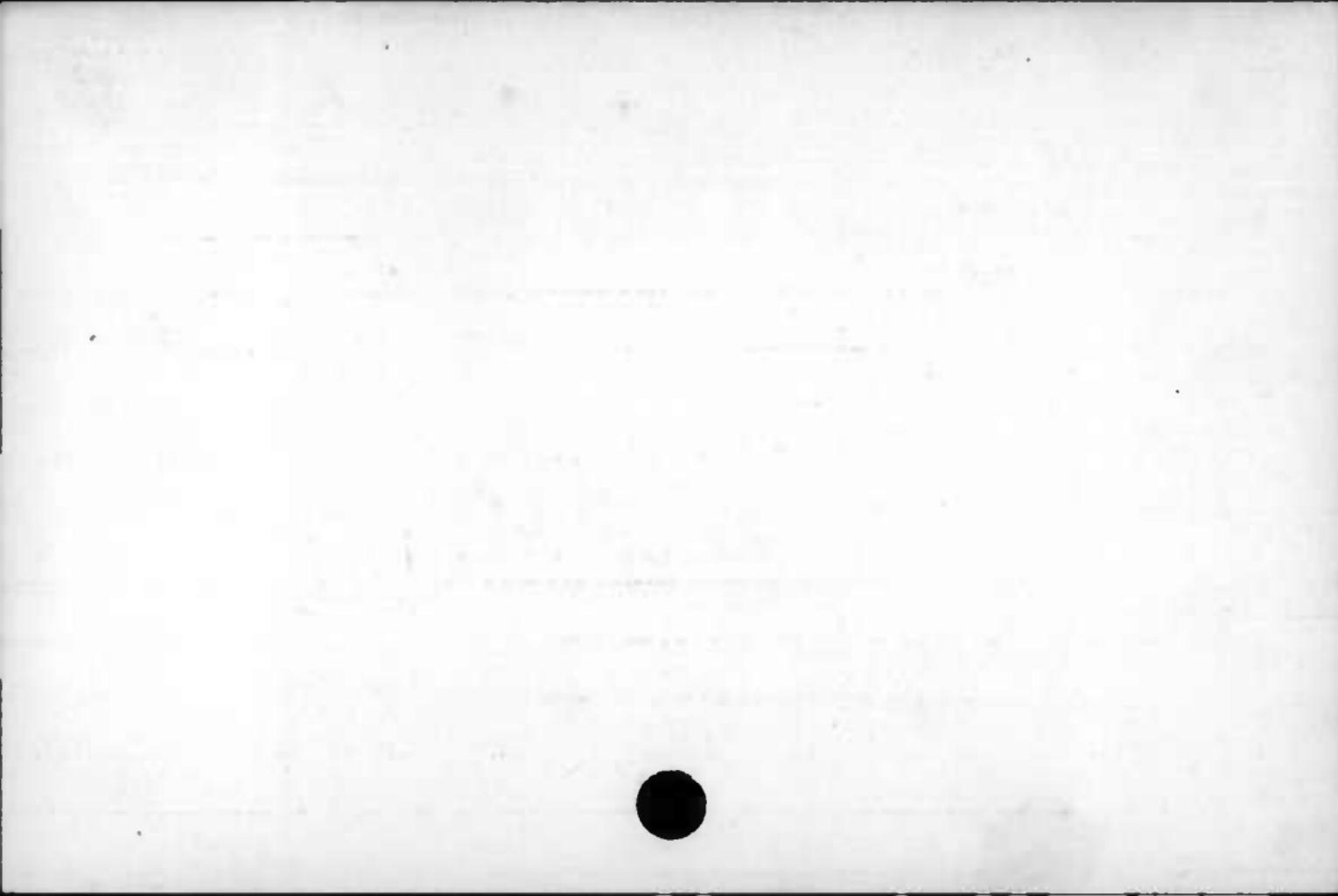
yesSignature of
Physician

Address

 John H. Greenwood, Coroner
 Chestertown
 Md

Accident or Suicide?

Murder



Name
in
Full

Lillie Sharp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chestertown Town Rent County

MARYLAND

Date of death 1908 Month July Day 4

Year 3 Month Days

Sex Fernale

Color or
Race

White

Birth-
place

Del.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed —

Name of Wife or
Husband

Father's
Name

Charles F. Sharp

Father's
Birthplace

Del

Mother's
Maiden Name

Mary C. Doory

Mother's
Birthplace

Del

Name of person giving
Information N.G. Watson

How related
to deceased brother in law

CAUSES OF DEATH

112

How long

Primary

Chronic hepatitis

several months

Immediate

Abcess formation, heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

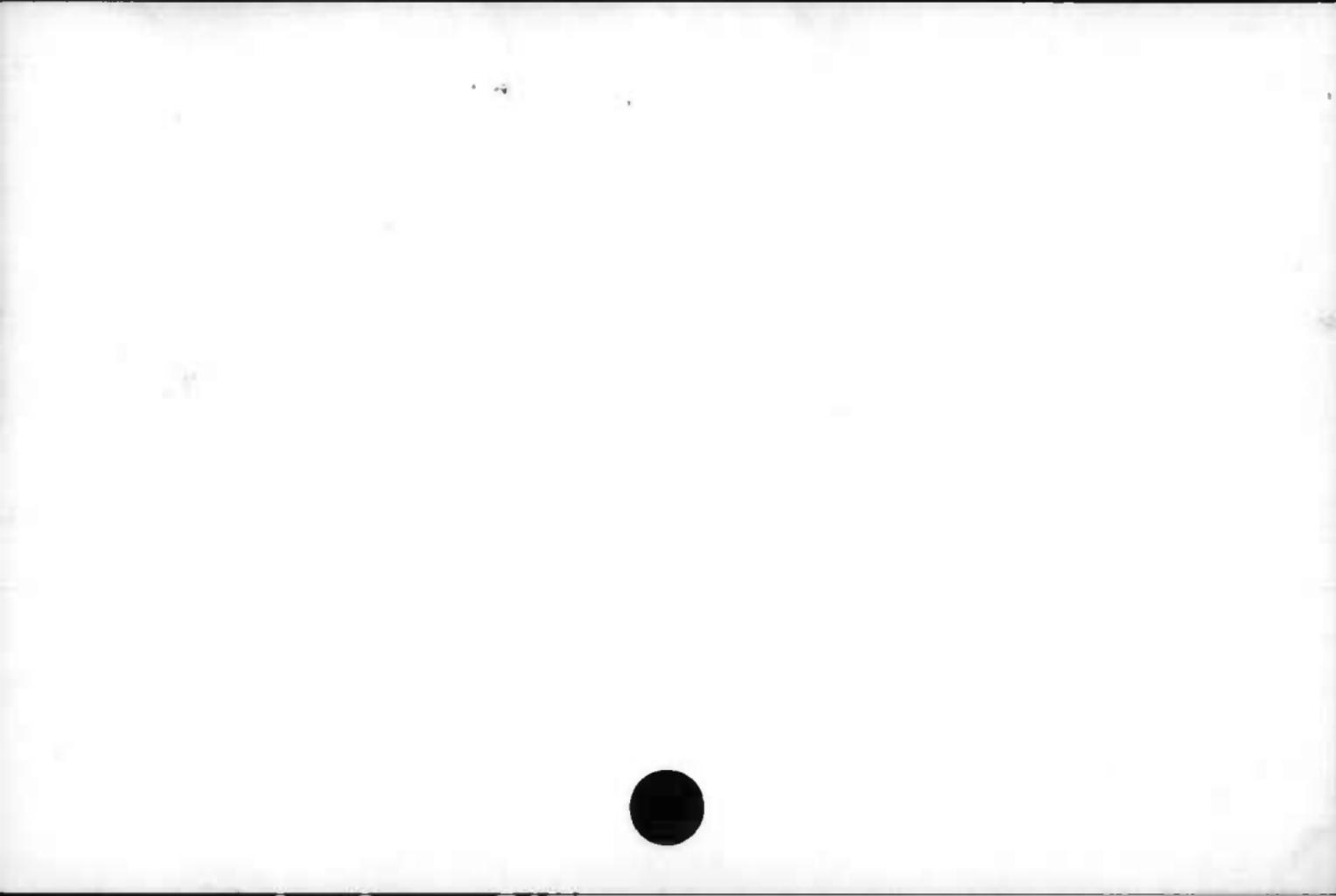
Signature of
Physician

Address

J. G. Sharp
Chestertown
Del.

PHYSICIAN
OR CORONER

Accident or Suicide No



Name
in
Full

Tillie Sharp

CERTIFICATE OF DEATH

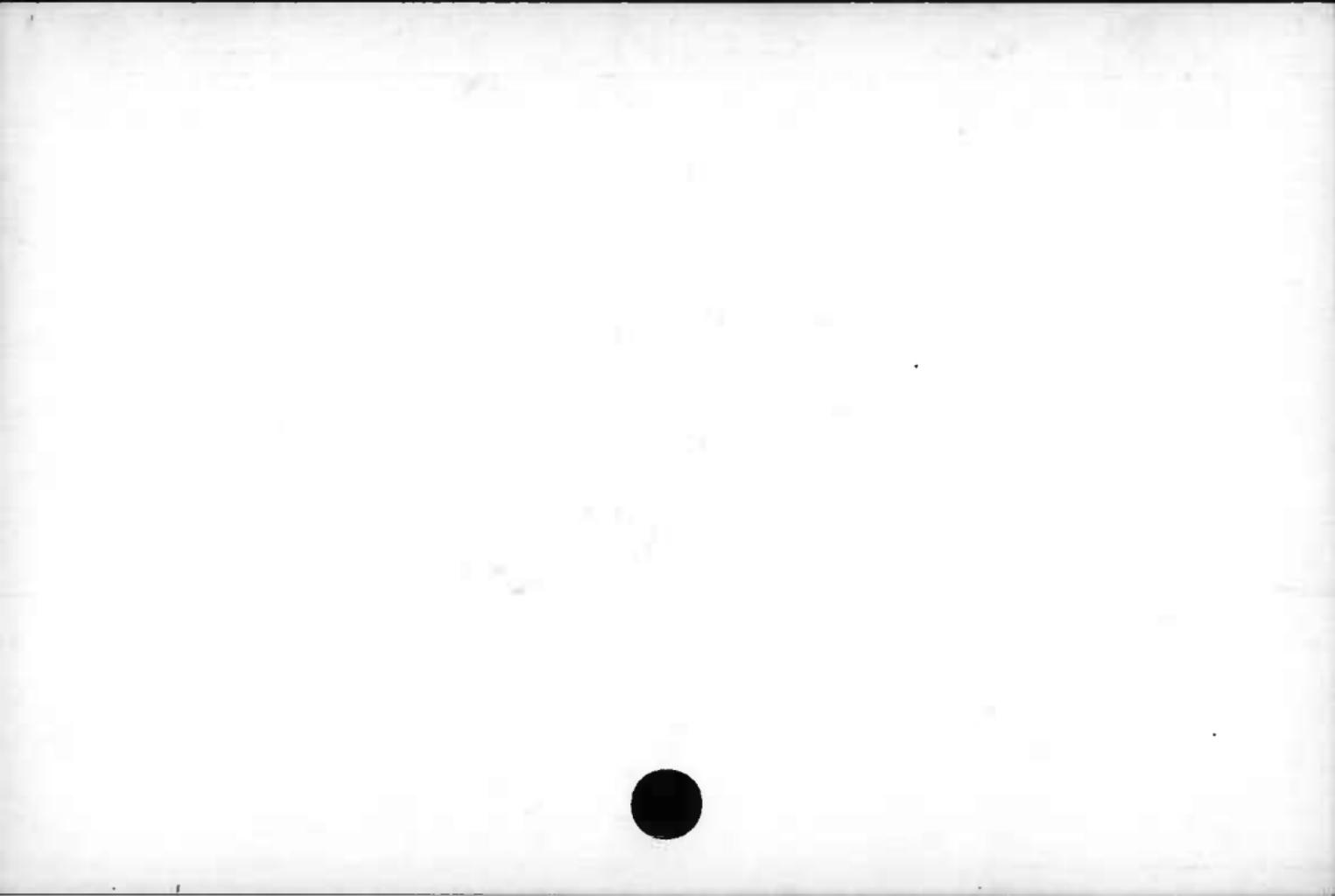
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1908		July	4	3		
Sex	Female		Color or Race	White		Birth-place
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles J. Sharp					
Mother's Maiden Name	Mary C. Ivory					
Name of person giving Information	How related to deceased					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Chronic hepatitis	How long	several months
Immediate	abcess formation, heart failure	How long	several hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	JTG
		Address	Summers Chesterstown
Accident or Suicide			



Name
in
Full

Margaret Anderson Swift

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Place	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Clolor	Birth-place	Chester town
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Henry Swift	Chester town	
Father's Name	Chester town			
Mother's Maiden Name	Chester town			
Name of person giving Information	How related to deceased			

1908 July 16 61

Female

Servant

Widow

Samuel Anderson

Augustine

Walter Bartow

Bro-in-Law

CAUSES OF DEATH

81

How long

Years

How long

3 or 4 weeks

PHYSICIAN
OR CORONER

Primary

Arterio - sclerosis

Immediate

Uremia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank B. Hines

Address

Chester town, Md.

Accident or Suicide?

No

J. E. & James M. E.

Name
in
Full

Infant Thompson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Noel Coleman</u> Town		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>July</u>	Day <u>8</u>	Age <u>—</u>	Years <u>—</u>	Months <u>1</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birthplace <u>Md</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Oliver Thompson</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Carrie Brown</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>Oliver Thompson</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

108

Primary

Rupture of membranes.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

L. P. Atwell M.D.
Still Pond
Md.

Accident or Suicide?

9

Colman.

Melville Milton Wilkins

CERTIFICATE OF DEATH

Died at <u>near Rock Hall</u>		County <u>Kent</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>July</u>	Day <u>26</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Kent Co Md</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Melville A. Wilkins</u>			Father's Birthplace <u>Kent Co Md</u>			
Mother's Maiden Name <u>Emma A. Joiner</u>			Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Melville A. Wilkins</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

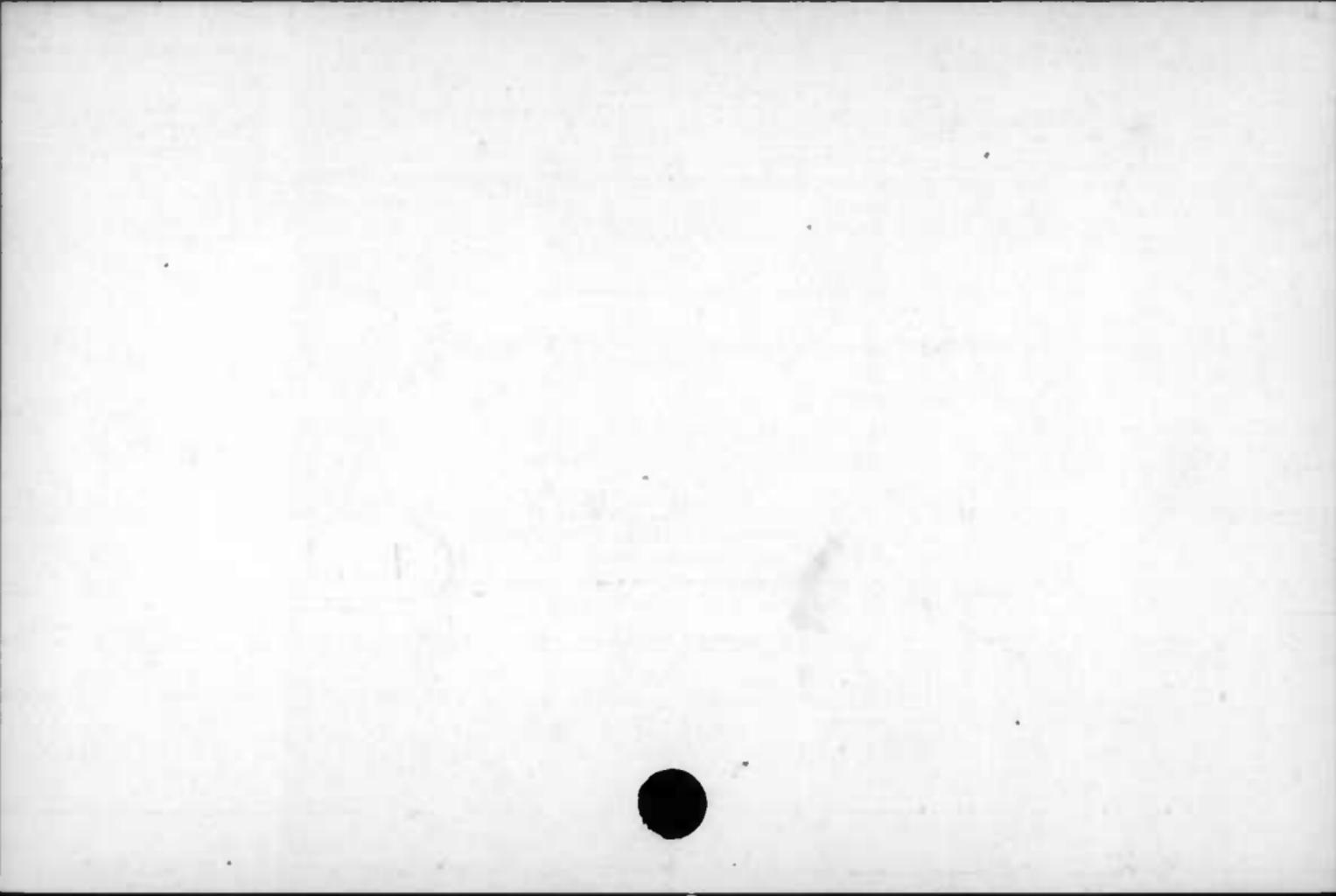
151

Primary EctysisHow long 2 daysImmediate EclampsiaHow long 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
Address

Accident or Suicide?



Name
in
Full

Unknown Man

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Near Bettison</u>		Town <u>Tent</u> County <u>Hent</u>		MARYLAND	
Date of death <u>1904</u>	Month <u>July</u>	Day <u>13</u>	Years <u>Age apparent 35</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Unknown</u>			
Occupation <u>Sabot</u>	Where Residing if not at place of death <u>Unknown</u>				
Married, Single or Widowed <u>Unknown</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>—</u>	How related to deceased <u>—</u>				

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary

How long

—

Immediate

Acute Indigestion

How long

—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Natural Cause acting Physician to Coroner

Still Pond